According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0579-0054. The time required to complete this information collection is estimated to average 0.17 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0054

			tii an appiicat	ion is received (7 (								
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				SECTION A - TO BE COMPLETED BY THE APPLICANT								
PLANT PROTE	CTION AND QUARA	NTINE		NAME, TITLE, AND ADDRESS (Include Zip Code)								
	ISK ASSESSMENT, I .E, MARYLAND 207											
APPLICATION FOR PERMIT TO MOVE												
LIVE PLANT PES			S	]								
3. TYPE OF PEST TO BE MOVED												
* Pathogens Arthropods Noxious Weeds  Other (Specify)												
Other (Specify)												
This permit does not authorize the introduction, importation, interstate movement, or release into the environment of any genetically engineered organisms or products.				2. TELEPHONE NO. ( )								
A. SCIENTIFIC NAME	SCIENTIFIC NAMES OF		B CLASSIFICATION		C. LIFE D. NO. OF			FROM		G.		
PESTS TO BE MOVED		(Orders, Familites, Races, or Strains)		STATES, IF APPLICABLE	SPECIMENS ( UNITS	OR (C	(Country or State)		ESTABLISHED IN U.S.?	MAJOR HOST(S) OF THE PEST		
4.												
5.												
6.												
7. WHAT HOST MATERIAL OR SU	JBSTITUTES WILL A	CCOMPANY V	WHICH PEST	S (Indicate by line	number)				I	l		
8. DESTINATION			9. PORT OF ARRIVAL 10. APP						PROXIMATE DATE OF ARRIVAL OR			
								INTE	INTERSTATE MOVEMENT			
11. NO. OF SHIPMENTS	12. SUPPLIER		I			13	METHO	DD OF SH	IPMENT			
								Air Mail	Air Freight		Baggage	Auto
14. INTENDED USE (Be specific, attach outline of intended resear			)				′	un ividii	7.11 Troight		Daggage	7 tuto
	maon caume or mon	aoa 1000a.on/										
15. METHODS TO BE USED TO F	DEVENT DI ANT DE	OT ECCADE			16. METHO	D OF FIN	NAL DICE	OCITION				
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<ol> <li>Applicant must be a resident l/We agree to comply with</li> </ol>		nted on the re		GNATURE OF APP	PLICANT (Must be	e person i	named in	Item 1)			18. DATE	
this form, and understar	nd that a permit ma											
conditions specified in Sec	ction B and C.											
-	forgery or unau	ithorized us	o of this d									
not more than \$10,000, or im	• •				•	nalties	of up to	\$250,0	00 (7 U.S.C. s7	734(b))	or punishable	by a fine of
. , .	prisonment of no		n 5 years, o	r both (18 U.S.	C. s1001).		•		00 (7 U.S.C. s7	734(b))	or punishable	by a fine of
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# Instructions for Completing PPQ Form 526 Application for Permit to Move Live Plant Pests or Noxious Weeds

Complete this form to request a USDA-APHIS-PPQ permit for the following activities:

- 1. **IMPORT** Plant pests, including but not limited to the following living organisms; insects, mites, nematodes, snails, slugs, earthworms, microbes pathogenic to plants or invertebrates, honey bees and other pollinating bees, biological control organisms, parasitic plants, or Federal noxious weeds into the United States.
- 2. **SHIP INTERSTATE** any of the above, EXCEPT honey bees and entomophagous insects. (Interstate shipment of entomopathogens does not require a permit unless the organisms were originally imported under a permit requiring containment. APHIS does not regulate interstate movement of pollinating bees, including honey bees.)
- 3. **RELEASE** an organism, including those for biological control purposes, from containment **into** the environment of the United States.

DO NOT SUBMIT ANY GENETICALLY ENGINEERED PLANTS OR PLANT PESTS ON THIS FORM – PLEASE USE APHIS FORM 2000.

For additional information, visit the web site at http://www.aphis.usda.gov/ppq/permits

TYPE or PRINT legibly. Do not leave any boxes unfilled. If a box does not apply, enter "Not Applicable" or "N/A." If you need to provide additional information or require more space, enter "See Attachment" and continue on a separate page. Label each page with "PPQ Form 526," block number, your last name, and your affiliation.

#### **HOW TO COMPLETE EACH BLOCK:**

<u>Block 1</u>: Enter the complete name as shown on passports, legal documents, etc. Only one applicant is allowed per application and the applicant must be a U.S. resident. We strongly encourage academic advisors to apply for permits on behalf of their students as durations of permits issued to students will be restricted. The name of the applicant should be the person actually responsible for the requested organism(s) and permit conditions. Institutions and businesses should apply for permits under the name of the person using the organism(s) and not coordinators.

**<u>Block 2:</u>** Enter telephone number, including the Area Code and any extensions. Follow this with your facsimile number, including the Area Code. Please provide your e-mail address (optional).

**Block 3:** Indicate which type of pest is to be moved; Pathogens, Arthropods, Noxious weeds, or other. If you choose "other" enter the organism type on the provided line. Diagnostic laboratories would select "other" and enter "diagnostic" on the line and in blocks 4-6 list the type of organisms (e.g.,

phytopathogenic bacteria, plant viruses, or nematodes). Check "other" if pest status is unknown or not described in the categories provided (e.g., nematode-trapping fungi).

Invertebrate animals – e.g., insects, nematodes, snails, slugs, mites

Parasitic plants - plants that feed on other plants

Plant pathogens - e.g., fungi, viruses, bacteria, or related pests that infect plants

Entomopathogens - organisms that cause disease in insects

Noxious weeds - plants listed in CFR 360; visit the above website for this list

**Biological Control Organisms** - e.g., herbivores, parasites, parasitoids, predators and pathogens of invertebrate and microbial plant pests and of weeds.

**Bees -** USDA regulates only the importation of pollinating bees (honey bees, bumble bees, etc.) and not their interstate movement.

<u>Blocks 4, 5, and 6:</u> If not enough space is provided to list organisms, continue on a separate sheet and attach. Submittal of separate applications for arthropods and pathogens is encouraged. For large numbers of organisms, separate them into 'related' groups. Permit conditions for plant viruses, phytopathogenic bacteria, and arthropods differ and may require separate permits for scientific review if you request to inoculate plants.

Columns A and B; Scientific Name and Classification: Enter the scientific name (genus and species) and the author, if known (e.g., Cinara strobi (Fitch) or Baris lepidii Germar). If sub-designations exist, list them, e.g. races, pathovars, subspecies, strains, or geographic isolates. If unknown enter as "unknown." If the species is unknown, list the genus and, if possible, other identification such as a specimen or culture number. If sub-designations such as races, pathovars, subspecies or strains are desired, list the appropriate sub-designation. If these are not known or are undetermined, then enter "unknown." Use correct spelling. Viruses should be identified using approved descriptive names.

<u>Column C; Life Stages:</u> For invertebrate animals use eggs, juveniles, larvae, nymphs, pupae, or adults. For fungi use spores, mycelia, fruiting bodies. For bacteria and viruses enter "N/A." For plants use seeds, whole plants, or plant parts (such as leaves, stems, fruits, etc.)

Column D: Enter the number of specimens or units.

**Column E:** Enter the Country or State from which the organism(s) are originally being shipped.

**Column F; Organism Establishment:** If the requested organism/biotype/pathovar/isolate/etc. is of limited distribution in the United States, describe its distribution on an attached sheet.

<u>Column G: Major Hosts:</u> List the scientific name of the major hosts (or prey) of the organisms applied for, even when you do not intend to include them in shipments of the organisms for which you are applying. Enter "N/A" for non-parasitic noxious weeds.

**Block 7; Media or host material accompanying the organism:** List scientific name of host organisms or host plants that will accompany material in shipments. Be specific and accurate e.g. seeds, dried leaves, tissue cultures, fruits, stems, or soil. For nonparasitic weeds, enter "N/A." For pathogens, list all components of the media. Describe the culture as pure or mixed with contaminants and identify known contaminants. If an application is only for 'pure culture' to be moved, the permit conditions will state that only 'pure cultures' are allowed, and if seeds, leaves and/or other materials are present in a shipment, then the entire shipment may be rejected at the PPQ Inspection Station.

**Block 8; Destination:** List the city and State where shipments will be received, housed, reared, or released. If the destination is the applicant's address, list "Same as item #1." If you intend to release the organism into the environment, list the exact location of the field tests including the county.

**<u>Block 9</u>**; **<u>Port of Arrival:</u>** List the desired port(s), otherwise enter as "unknown." USDA will assign the port of entry. For interstate movement, enter "N/A".

**Block 10:** Enter the estimated dates of shipments and/or releases, if known.

**<u>Block 11:</u>** Enter the approximate number of shipments. For multiple shipments, indicate the number per a given time period, e.g. 2 per year.

**Block 12:** Enter the supplier's name and address.

**Block 13; Method of Shipment:** Check the appropriate box. For express deliveries, enter the company.

**Block 14; Intended use:** Be specific. Use a separate sheet to describe complex activities.

Describe the specifics such as handling, containment, disposal, use and purpose.

For microbes, do you plan to inoculate plants? Will the infected plants be housed in the laboratory (e.g. as tissue cultures or plantlets in sealed containers), in growth chambers, in greenhouses, or field tests? For field tests: Is the microbe you intend to release into the environment the same as those that occur naturally in the release area? What is the size (acreage or number of plants) of the proposed field test? How do you intend to reduce any inoculum in the local area following termination of the research?

**Block 15:** State the methods that will be used to prevent plant pest escape. If you stated that an organism is NOT established in the United States (see Box F), provide a detailed explanation on how this organism will be contained.

**Block 16; Method of Final Disposal:** List the proposed method(s) and date of final disposal of organisms, such as; autoclaving, freezing, double-bagging, and disposal in a land fill. Describe treatments in detail, e.g. temperature, pressure, or duration. For environmental release, enter "N/A."

**Block 17:** The person named in Block 1 must sign the application.

**Block 18:** Enter the date the application was completed and signed.

## Do not fill in or place other markings in boxes below Block 18.

#### SUBMIT this form with any attachments by mail to:

USDA-APHIS-PPQ, Permits, Registrations and Imports (PRI), Pest Permit Evaluations, 4700 River Road, Unit 133, Riverdale MD 20737

OR FAX TO 301-734-8700 or 301-734-4300.

Do not mail and fax the same application. Do not mail or fax the application to the State. APHIS-PPQ will notify the State during the review process.

Please call for help or information: 301-734-4393 or 301-734-8896.

### STANDARD SAFEGUARDS OF PERMIT

- 1. All pests must be shipped in sturdy, excape-proof containers.
- 2. Upon receipt of pests, all packing material media, substrate, soil and shipping containers shall be sterilized or destroyed immediately after removing pests.
- Pests shall be kept only within the laboratory or designated area at the permittee's address.
- 4. No living pests kept under this permit shall be removed from confined area except by prior approval from State and Federal regulatory officials.
- Without prior notice and during reasonable hours, authorized PPQ and State regulatory officials shall be allowed to inspect the conditions under which the pests are kept.
- All pests kept under this permit shall be destroyed at the completion of the intended use, and not later than the expiration date, unless an extension is granted by this issuing office.
- All necessary precautions must be taken to prevent excape of pests. In the event of an excapte, notify this office.